

## COMMONLY ASKED QUESTIONS:

**WHERE CAN I FIND OUT MORE ABOUT ANIMAL DISEASES THAT ARE HARMFUL TO PEOPLE?** *More information can be found at the following websites:*

*[www.cdc.gov](http://www.cdc.gov) or [www.publichealth.columbus.gov](http://www.publichealth.columbus.gov)*

**WHAT IS THE DEFINITION OF A DANGEROUS ANIMAL?** *Any animal which represents a danger to the health, welfare and safety of the public and presents a risk of serious physical harm to persons, animals or property as measured by infectious disease status, viciousness, or poisonous status.*

**WHEN ARE INDOOR ANIMAL FILTH AND ODORS REPORTABLE?** *The following are of concern:*

- *If a person's health may be affected*
- *If the odors can be detected outside the home*
- *If there is an overwhelming ammonia-like smell or if there are lots of feces on the floor*

**WHAT ANIMALS NEED PERMITS IN COLUMBUS?**

*Animals of the hog or goat kind, equine, cow, alligator, crocodile, caiman, sheep, goat, llama, captive wild fowl, and domestic fowl.*

**WHAT SHOULD I DO IF I AM BITTEN?** *Consult with your doctor and promptly report the incident to your local health department.*

**WHAT SHOULD I KNOW ABOUT THE RABIES VACCINATION CLINICS?**

- *Open to anyone, regardless of where you live*
- *The second Friday of each month*
- *Located at Columbus Public Health, 240 Parsons Ave., Col., Oh 43215*
- *From 2:00pm to 4:00pm*
- *Available for dogs, cats and ferrets*
- *Vaccination cost is \$10.00 per shot (cash only)*
- *Animals must be on a leash or in an animal carrier*
- *Animals between 3 months and 1 year of age will receive a 1 year vaccination*
- *Animals over 1 year of age with proof of current vaccination will receive a 3 year vaccination*
- *Please bring prior vaccination certificates and tags*

Updated 1/30/2009

## CONTACT INFORMATION FOR THE RABIES AND DANGEROUS ANIMAL PROGRAM:

**ANIMAL REPORTS AND QUESTIONS CAN BE SUBMITTED BY:**

**Phone:** 614-645-6134

**Fax:** 614-645-7155

**E-mail:** [amesser@columbus.gov](mailto:amesser@columbus.gov)

**Mail:** Columbus Public Health  
Animal Program  
240 Parsons Avenue  
Columbus, Ohio 43215

**In Person:** Monday - Friday 8:30am-4:30pm

**ANIMAL RESPONSE TEAM CONTACT:**

*Public Health Veterinarian 614-645-6748*

## TO REPORT AN INCIDENT:

**IN COLUMBUS OR WORTHINGTON, please call:**



or Columbus Public Health  
Animal Program

614-645-3111

614-645-6134

## LINKS AND RESOURCES:

**CRUELTY, ABUSE, OR VIOLENCE**

*Capital Area Humane Society  
614-777-7387*

**PUBLIC HEALTH AND ANIMALS**

*Columbus Public Health Department  
[www.publichealth.columbus.gov](http://www.publichealth.columbus.gov)*

**DOG WARDEN**

*Franklin County Department of Animal Care and Control  
614-462-3400*

*Ohio dog laws, locating a lost dog or adopting a dog:  
[www.franklincountydogs.com](http://www.franklincountydogs.com)*

# ANIMALS AND PUBLIC HEALTH

**RABIES AND DANGEROUS**

• **ANIMAL PROGRAM** •

## REPORT FORM ENCLOSED

## SPECIFIC SERVICES INCLUDE:

- *Investigating animal diseases harmful to people*
- *Information about animal diseases*
- *Dangerous animal investigations*
- *Indoor animal filth or odor investigations*
- *Domestic and exotic animal permits*
- *Animal bite reporting and quarantines*
- *Rabies vaccination clinics – dog, cat, ferret*
- *Animal Response Team development*

## PROGRAM SERVICES AVAILABLE FOR:

*Anyone within the city limits of Columbus or Worthington.*

*Rabies vaccination clinics are open to anyone, regardless of where you live.*

 **Columbus  
Public Health**  
240 Parsons Ave  
Columbus, OH 43215  
[www.publichealth.columbus.gov](http://www.publichealth.columbus.gov)

# ANIMAL REPORT FORM

**COLUMBUS PUBLIC HEALTH**  
Animal Program  
240 Parsons Ave, Columbus, OH 43215  
PHONE: 614-645-6134 / FAX: 614-645-7155  
www.publichealth.columbus.gov



DATE OF REPORT: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF INCIDENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

## TYPE OF REPORT (circle all that apply):

BITE/SCRATCH - DANGEROUS ANIMAL - INDOOR ANIMAL FILTH/ODOR - ANIMAL PERMIT - OTHER

Description of report: \_\_\_\_\_

## PERSON COMPLETING FORM [X the appropriate box(es)] ☐ Person making the report ☐ Name of person bitten/scratched

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (HOME) (\_\_\_\_) (\_\_\_\_) (CELL) (\_\_\_\_) (\_\_\_\_) (WORK): (\_\_\_\_) (\_\_\_\_)

TREATMENT(S) (circle): NONE - AT HOME - OTHER - HOSPITAL OR URGENT CARE

TREATING FACILITY: (Name) \_\_\_\_\_  
(Street) \_\_\_\_\_  
(City, State) \_\_\_\_\_  
(Phone) \_\_\_\_\_

DID INCIDENT OCCUR ("X" box)? ☐ ON THE OWNER'S PROPERTY or ☐ OFF THE OWNER'S PROPERTY

(If OFF the owner's property, where?) \_\_\_\_\_

GUARDIAN/PARENT (bite/scratch victim under 18): \_\_\_\_\_

## ANIMAL INFORMATION (required)

TYPE (circle): DOG, CAT, FERRET, FARM ANIMAL, HORSE, RODENT, RABBIT, RACCOON, SKUNK, BAT, FOX, OTHER

ANIMAL COLORS AND DESCRIPTION: \_\_\_\_\_

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

LOCATION OF ANIMAL (if different than owner of animal) \_\_\_\_\_

DO YOU BELIEVE THE ANIMAL IS VACCINATED FOR RABIES? (circle): YES - NO - NOT APPLICABLE

## OWNER OF ANIMAL INFORMATION (address, city, state and/or license plate number requested)

OWNER'S NAME: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (HOME) (\_\_\_\_) (\_\_\_\_) (CELL) (\_\_\_\_) (\_\_\_\_) (WORK): (\_\_\_\_) (\_\_\_\_)